



**STATE OF CALIFORNIA
GOVERNOR'S COMMISSION ON
CALIFORNIA VETERANS HOMES
1999-2001**

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Findings and Recommendations on Sites for Future State Veterans Homes

October 15, 2001

1227 O St., Room 324
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**1999-2001 FINDINGS AND RECOMMENDATIONS
ON THE SELECTION OF SITES FOR FUTURE
CALIFORNIA VETERANS HOMES**

A Report Prepared by the 1999-2001

**Governor's Commission on
California Veterans Homes**

This report was prepared to comply with
Chapter 810, Statutes of 1999
(Assembly Bill No.193, Cardoza)

Approved on
October 15, 2001

Foreword

The purpose of this report is to fulfill the requirements of Chapter 810, Statutes of 1999 (AB 193 Cardoza). The statute created the Governor's Commission on California Veterans Homes, herein after referred to as the 'Commission', to advise the Governor and the Legislature on the establishment of sites for future veterans homes in California. The Commission's responsibility is to hold public meetings and make recommendations in this report, which is due October 1, 2001.

For 111 years, the State of California has had one veterans' home located in Yountville. In 1991, after many years of study by the Legislature and the Department of Veterans Affairs, Assemblyman Richard Floyd authored Assembly Bill 514, which was signed by the Governor and resulted in Chapter 959, Statutes of 1991, creating a twelve member Commission to advise the Governor and the Legislature on the establishment of a second veterans' home in Southern California. In response to the recommendations of this Commission, legislation was subsequently enacted which authorized the construction of veterans' homes in two different sites in Southern California in Barstow and at Chula Vista, and programmed two additional sites to be constructed in the future. All of these four sites were designed to be smaller than Yountville, and to be located near acute care medical facilities rather than providing acute care with the homes.

Since Barstow opened in 1996, the California Department of Veterans Affairs has experienced problems at Barstow that are unique to the operation of the 'smaller veterans homes' conceived by previous Commissions. The information that the California Department of Veterans Affairs has developed as a result of the Barstow and Chula Vista experience has added to the information available to help this Commission evaluate the smaller veterans home concept. This experience combined with additional information collected by the Governor's Blue Ribbon Task Force on Veterans Homes and reported on September 29, 2000 has proven invaluable to the present Commission. The Commission also benefits from prior Commission reports and the knowledge of the Department.

The combination of real experience rather than projections has led this Commission to draw different conclusions from the same site selection criteria that was used in the past. Although the criteria are identical, the level of importance assigned to each item has changed. Whereas, the availability of property seemed to drive the Commissions of the past, this Commission's priorities are focused on the accessibility to medical care, availability of skilled medical work force and the level of services which are to be offered to veterans and their families as defined by the Blue Ribbon Task Force.

The Commission has addressed the provisions of Chapter 810, Statutes of 1999, (AB 193 Cardoza) requiring selection of Veterans Home sites for the underserved areas of California and is including recommendations in this report. AB 494 (Cardoza) and SB 4 (Johannessen) which was signed on October 10, 2001 and becomes effective on January 1, 2002, will extend the work of this Commission for another year. Without the urgency clause requested by the author in the original bill, the Commission must issue a final report by October 1, 2001. It will then begin the next steps to complete its assigned task of evaluating other sites and dictates required by Statute and be issuing Supplemental Reports during the additional time allocated by the Legislature.

GOVERNOR'S COMMISSION ON CALIFORNIA VETERANS HOMES

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October 15, 2001

The Honorable Gray Davis
Governor of California

The Honorable John Burton
President Pro Tempore of the Senate
and Members of the Senate

The Honorable Robert Hertzberg
Speaker of the Assembly
and Members of the Assembly

Dear Governor Davis and Members of the Legislature:

Enclosed is the required report of Governor's Commission on California Veterans Homes pursuant to Chapter 810, Statutes of 1999 (Assembly Bill 193 Cardoza), which called for the selection of veterans home sites for the underserved areas of California. This report is the final report of the 1999-2001 Commission as is stated in AB 193, AB 494, and SB 4. AB 494 (Cardoza), which was signed into law by the Governor on October 9, 2001 will continue the work of this Commission for another year. During that period the Commission will be offering Supplemental Reports with recommendations on the other mandates assigned by law.

The objective of this Commission is to establish a priority for new veterans home sites in areas that have been previously underserved, specifically in the San Joaquin Valley and Los Angeles basin. The Commission held its first meeting on October 6, 2000 in Fresno and has worked diligently throughout the year to establish a site selection priority list. The Commission has held seven public meetings with an average attendance of over 200 participants. It also held five Sub-Committee meetings to examine particular sites and two other Sub-Committee meetings to discuss issues of finance and level-of-care of which the Commission is specifically charged.

From seeking out communities that are willing to offer suitable accommodation, to educating those communities as to the needs of the State and the veterans that the veterans homes are intended to serve, it has been a demanding task. The Commission and staff have sent hundreds of letters soliciting interest and has traveled hundreds of miles examining and assisting local governments in their bids for a home.

Once these communities have been recruited or have voluntarily come forward, it was the Commission's task to rank the attributes of these communities within the criteria established as the result of CDVA's five years of experience in Barstow, one year of experience in Chula Vista and knowledge gained from the Report of the Governor's Blue Ribbon Task Force on Veterans Homes. This, too, is an intense process requiring many long hours and many miles of travel.

We can report that we have found many communities that are worthy and supportive of their veterans' community. Unfortunately, physical and fiscal constraints force the state to make decisions based on meeting the greatest need, and the Commission cannot recommend every site that has been considered,

however, this report contains recommendations for new homes at West Los Angeles, Fresno, and in Redding/Shasta County.

According to the U.S. Department of Veterans Affairs the present unmet need for veterans' long-term care is 3,567 beds (for a total of 5,967). As one third of the veterans population reside in Los Angeles and Orange Counties, it is reasonable to assume that the greatest need is in those two counties. The unmet need for this area is close to 1,700 beds. Twelve percent of the veterans population resides in the Central Valley and this area has been considered along with the area of Northern California whose need is not based on numbers but rather on remoteness and lack of services in the area.

As Vice Chairman of the previous Commission and a member of the Interim Task Force, and now Chairman of the Commission, I would like to include commentary from a previous Commission's Report. In its report of December 1996, to paraphrase the previous Commission, "West Los Angeles *is a* prime choice of the commission to serve as future construction site for subsequent units of the Southern California Veterans Home. This appears to be inevitable, since two out of every three of the 2.8 million people, who make up the California veterans community, reside south of the Tehachapi Mountains of Southern California, the focus of the commission study." This Commission would like to add its agreement to that body!

The provisions of Chapter 778, Statutes of 1994, (AB 2427 - Baca), which would have built four homes in Southern California have not been completed. Only two of the four veterans homes that were provided for in the statute have been built. These homes on four sites would have provided space for 1,600 veterans in Southern California. Due to difficulties encountered by CDVA only 800 of these beds have been built and only about 500 are in use.

All information amassed by the previous bodies was made available to the new commission. In the five years since that last report was filed, new information has been added to that body of knowledge regarding sites for veterans homes. There is much yet to be examined.

The commission wishes to thank Bruce Thiesen, Interim Secretary, CDVA, and his staff for their internal support, without which we could not have gone very far nor achieved our goals. Further, it would like to thank Project Director Ron Brand, Governor's Commission on California Veterans Homes, and staff for their support; and Kathryn Winter, and Toni Symonds, Governor's Office of Planning and Research, and the others at CDVA who offered their knowledge and support.

Finally, we must mention the passion and verve exhibited by many members of the State Legislature and numerous community officials, who contributed immensely to our efforts to select the best sites to build homes for the Veterans of California and whom we hope will continue to participate in this process.

Governor Davis, the Commission members thank you for having been afforded the opportunity to serve the people of California and look forward to continuing our contribution.

Respectfully submitted,

Leo Burke, Chairman

Respectfully Submitted,

LEO P. BURKE, Chairman

DENIS F. WELLS

WILLIAM C. MANES, Vice Chair

RUSSELL R. WOOD

JOHN H. LARSON

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GOVERNOR'S COMMISSION ON CALIFORNIA VETERANS HOME

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Past State Commander
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ASSEMBLY MEMBER DENNIS CARDOZA
Assembly Ex-Officio Member
SACRAMENTO, CA

TOM CRAFT
Senate Ex-Officio Member
QUARTZ HILL, CA

GOVERNOR'S COMMISSION ON CALIFORNIA VETERANS HOMES

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ASSEMBLY MEMBER DENNIS CARDOZA, SACRAMENTO, CA	Assembly Ex- Officio Member		Assembly Speaker Robert Hertzberg
TOM CRAFT QUARTZ HILL, CA	Senate Ex- Officio Member		Senate Pro-Tem John Burton

DEFINITIONS

The following terms/acronyms are used throughout this report:

<u>CDVA:</u>	California Department of Veterans Affairs
<u>COMMISSION:</u>	The Governor's Commission on California Veterans Homes
<u>CVH:</u>	California Veterans Home
<u>DEPARTMENT:</u>	California Department of Veterans Affairs
<u>DGS:</u>	The Department of General Services, State of California
<u>DOM:</u>	Domiciliary
<u>FINANCE:</u>	The Department of Finance, State of California
<u>GLA-VA:</u>	Greater Los Angeles VA Medical Center
<u>GLAHS:</u>	Greater Los Angeles VA Health Care System
<u>GRECC:</u>	Geriatric Research, Education and Clinical Center
<u>PDM:</u>	The Office of Project Development and Management, DGS
<u>RCFE:</u>	Residential Care for the Elderly
<u>RESD:</u>	Real Estate Services Division of the Department of General Services
<u>SNF:</u>	Skilled Nursing Facility
<u>UCLA:</u>	University of California Los Angeles
<u>USDVA:</u>	The United States Department of Veterans Affairs
<u>VA:</u>	The United States Department of Veterans Affairs
<u>VAMC:</u>	A medical center administered by the USDVA

Executive Summary

The Governor's Commission on California Veterans Home was appointed in compliance with Chapter 810, Statutes of 1999 (AB 193, Cardoza), an act to add and repeal Section 1011.7 of the Military and Veterans Code, which was approved by Governor Gray Davis on October 8, 1999.

The Commission was charged with establishing a priority list for possible sites for one or more state new veterans home sites which were to be in areas that have been underserved, specifically in the San Joaquin Valley and the Los Angeles Basin. The Commission was to select a site specifically for the treatment of veterans who suffer from Alzheimer's disease or other diseases causing dementia.

The Commission has had limited time to solicit proposals or to make counties and cities aware that the state is intending to build more homes. The Commission has solicited through the League of Cities and by sending direct mail solicitations to cities in the areas that the Commission was instructed to consider. However, it is the consensus of the Commission that there has been limited time for the communities to consider the impact and offer proposals. It is the opinion of the Commission that more time would allow more local governments to participate in the process and would be justified. Assembly Bill 494 by Assembly Member Dennis Cardoza, which was signed by the Governor on October 9, 2001 and will be effective January 1, 2002, will continue the work of the Commission through the next year.

The time is needed to allow others to participate; the Commission however, has received proposals from Fresno, Los Angeles, Long Beach, Redding/Shasta County, and Coalinga and is ready to go forward with recommendations.

Recommendation One: Immediate action is necessary. The Commission urges the Governor and the Legislature to take action on construction of veterans homes by building concurrently as many as possible.

Over 1000 veterans of the US Armed Forces that fought in World War II die every day. The number one recommendation of this Commission is that we care for these individuals, and we offer that care immediately. The process required to complete these homes requires years in the funding procedure and then years of planning, designing and construction. The certification process is extensive even after the home is completed. It is the recommendation of this Commission that the Governor and the Legislature address the needs of veterans with urgency. The appropriation for funding needs to be completed and the applications to the federal government need to be submitted.

The 1999-2001 Governor's Commission on California Veterans' Homes urges the Legislature to appropriate funding on an urgent basis. The Commission further recommends that the Governor approve this measure, and that the California Department of Veterans Affairs be authorized to proceed with an application to the U.S. Department of Veterans Affairs for Fiscal Year 2003 construction funding for the greatest number of beds in new Veterans' Homes that is deemed possible by those bodies, and to build these homes concurrently.

Recommendation Two: Greater Los Angeles Medical Center It is the majority opinion of the Commission members that the best site in the State for a Veterans Home is located on the property at the Greater Los Angeles Veterans Affairs Medical Center in Los Angeles. Over thirty percent of the veterans in the state reside in Los Angeles and Orange Counties. This location is within 50 miles of a majority of these veterans and is located on the same property as a VA Medical Center, across the freeway from the UCLA Medical Research Center, and in an area that has not been considered in spite of having the greatest population of veterans in the State. The West Los Angeles site offers all the services of GLA-VA and access to services available through health care systems located throughout Southern California. Employees are readily available at the schools in a close proximity and by partnering with GLA-VA, CDVA has an opportunity to offer world-class medical care.

Recommendation Three: Fresno. Twelve percent of the veteran population of California resides in the Central Valley. The San Joaquin Valley because of demographics and lack of services for veterans needs a veterans home. Fresno is the site of one of VA Medical Centers in the State, has access to skilled medical professionals and is an area not served by any present or future veterans homes. The Commission recommends that Fresno be placed on the priority list for building a veterans home.

Recommendation Four: Redding/Shasta County. Geography dictates that some areas are so removed from the central population core that it places those individuals living there at a hardship. The Commission feels that it is necessary to address the needs of the veterans in the northern California area. These veterans are far from services and must travel long distances to obtain any care from the veterans service network.

The Commission is recommending that the State build a veterans home in Redding/Shasta County to serve the needs of the twelve northern counties. The veterans in the northern California area have demonstrated the need for services and are deserving of a home. The home should be built within the provisions of Recommendation Six of this report and be designed to fit the area.

Recommendation Five: Build the Primary Alzheimer's and dementia care facility at the Greater Los Angeles VA Medical Center. AB 193 directs the Commission to consider sites for a specialized facility to address the concerns of Alzheimer's and dementia. The Commission has examined the benefits of the Greater Los Angeles VA Medical Center and would recommend considering this location as a primary location for a site for the care of Alzheimer's disease. This facility would not exclude the Department from providing care for these individuals at other facilities. It is the consensus of the Commission that further study needs to be done prior to the selection of a design for this facility.

The Commission recommends that the California Department of Veterans Affairs convene a group of experts to address an appropriate design for a treatment center to care for individuals that are to be treated at such a facility. The

Commission is aware that the Department is considering introducing Alzheimer's and dementia care to all of its facilities and recommends that this care be initiated as soon as possible.

Recommendation Six: Design future homes to meet the needs of the community in which they are to be built. The two new veterans homes, Barstow and Chula Vista, were built as replicas of the other. Although this has worked in these locations, it is the recommendation of this Commission that the Department design all future veterans homes to the size and level of care of the community in which they are to be placed.

Additionally, different areas of the State call for different levels of care. CDVA should consider the inclusion of different levels of care in future homes including Adult Day Care in new homes and incorporating care for those veterans with chronic mental illness that require long-term care. Both of these areas would provide unlimited service to the communities and to the families of the veterans.

The Commission has been active for one year. The members have traveled to many sites in many communities across the state. Next year the Commission will continue the work of selecting sites for future veterans homes. The sites that we have considered have not all been chosen but that is not to imply that they have been demised from consideration. Their absence only indicates the need for further study. The sites that we have selected represent the first cut and more than meet the criteria for immediate inclusion on the list. CDVA's operation of the Veterans Home in Barstow has offered valuable lessons in the importance of selecting appropriate sites. It is the Commission's conclusion that while other sites have merit worth exploring, the site recommendations contained in this report address the needs of the greatest number of underserved veterans.

INTRODUCTION

Purpose

The purpose of this report is to fulfill the requirements of Chapter 810, Statutes of 1999 (AB 193 Cardoza) that created a Governor's Commission on Veterans Homes (Commission) to advise the Governor and the Legislature on the establishment of veterans homes in California. The Commission's responsibility is to hold a minimum of four public meetings, establish findings and make recommendations to the Governor and the Legislature on or before October 1, 2001.

History

The first California Veterans Home - was founded in Yountville in 1884 to serve the social and medical needs of veterans of the Civil and Spanish American Wars. CVH- Yountville is situated on 550 acres surrounded by the vineyards of California Wine Country. The home has been operated by the State of California for over 100 years.

Assembly Concurrent Resolution No. 43 was chaptered September 2, 1983 requesting the Department of Veterans Affairs, "perform a study of the feasibility of establishing a second Veterans Home of California to be located in southern California." The study was completed and a report made to the Legislature on January 1, 1985. The report mentioned the fact the building a veterans home in southern California had been proposed since 1933 and that Senate Bill 605 in February 6, 1963 authorized a study which was submitted January 28, 1965 which called for the expansion of the veterans home system.

That 1985 report resulted in the issuance of Executive Notice No. 8333C, by the Director of the Department of Veterans Affairs assigning the task of submitting a plan for design and work sequence of a home. On December 20, 1983 the plan was submitted and accepted.

In 1991 Assemblyman Richard Floyd, authored Assembly Bill 514, which was signed by the Governor and resulted in Chapter 959, Statutes of 1991 creating a twelve member Commission to advise the Governor and the Legislature on the establishment of a second veterans home in southern California. The recommendation of that Commission was to build in phases a veterans home at four different locations. The first site was to be Barstow.

On August 27, 1992, Assembly Bill 848 (Floyd) was passed that authorized funding for the states share of cost to build the California Veterans Home- Barstow. The Barstow home was opened on February, 1996, with the capability to care for 400 elderly or disabled California veterans in three levels of care: Domiciliary (independent living) for 164, skilled nursing for 180 and assisted living for 56.

On August 2, 1993, the Governor signed Assembly Bill 466 authored by Assemblyman Joe Baca (Chapter 275, Statutes of 1993) to continue the work of the Commission on the Southern California Veterans Home. That Commission issued a report on November 30, 1993 regarding the construction activities on the CVH- Barstow.

A Governor's Task Force was established by Executive Order W-92-94, dated April 14, 1994, to continue the work of the Commission for the remainder of the year. The membership of the Task Force was the same as the previous Commission. The Task Force issued a report in December 1994 which recommended that the second site be constructed in Chula Vista, San Diego County, and the third site in Lancaster, Los Angeles County.

Chapter 778, Statutes of 1994, (AB 2427 Baca) was passed continuing the work of the Commission on the Southern California Veterans Home. That Commission issued a report on December 31, 1996 regarding the on-going progress in the establishment of a southern California Veterans Home.

Chapter 335, Statutes of 1996 (SB 1382) and amended by Chapter 485, Statutes of 1998 (AB 2803) was enacted to place the provisions in Section 1011 of the Veterans Code that made Barstow the first veterans home site and required that future veterans homes be constructed in the order which the Commission had recommended, Chula Vista, Lancaster, and Saticoy.

California Veterans Home - Barstow opened in February of 1996.

Senate Bill 1382 (Peace), Chapter 335, Statutes of 1996 was passed and on December 13, 1996 authorization to sale revenue bonds was given to construct the second third and fourth veterans home in Southern California. VHC-Chula Vista, the next home to be built, is a 400-bed long-term residential and nursing care facility providing options for independent living and intermediate and skilled nursing. It was completed in May 2000.

In 1999, Assembly member Dennis Cardoza introduced AB 193 calling for a new Commission to consider sites in San Joaquin Valley and the Los Angeles Basin.

Barstow in the mean time has had its share of problems. In July 2000, USDVA decertified CVH – Barstow and federal funding was cut off. Subsequently, DHS decertified CVH – Barstow and medical reimbursement was terminated. The decertification interrupted the ability of CDVA to admit new veterans and the ability of the state to file for reimbursement for the cost of veterans it was already serving.

Chula Vista, the second of the four Southern California homes was completed in May of 2000 and was opened for residential care and a domiciliary. The Skilled Nursing Facility consisting of 50% of the home or 200 beds cannot open because of the it is the policy of the Department of Health Services to restrict certification of new facilities, until existing facilities are certified. As a result of this DHS internal policy Barstow must be recertified prior to allowing Chula Vista to be certified.

In April 2001, the USDVA restored the certification for CVH-Barstow, re-established per diem payments, and paid CDVA for all unpaid cost.

Current Commission

The Governor's Commission on California Veterans Home was appointed in compliance with Chapter 810, Statutes of 1999 (AB 193, Cardoza), an act to add and repeal Section 1011.7 of the Military and Veterans Code, which was approved by Governor Gray Davis on October 8, 1999. The Commission was charged with establishing a priority list for possible sites for one or more new State veterans home sites which were to be in areas that have been underserved, specifically in the San Joaquin Valley and the Los Angeles Basin. The Commission was also, to select a site specifically for the treatment of veterans who suffer from Alzheimer's disease or other diseases causing dementia.

The first meeting of this Commission was held on October 6, 2000 in the Medal of Valor Hall in Fresno, California. The Commission started slowly as a full complement of members was not in place until the January 2001 meeting. The ex-officio appointments did not come on board until even later.

The Commissioners were given reports from previous site selection Commissions, the recently completed Governor Blue Ribbon Task Force Report, and other pertinent reference documents including the demographics of the state's veterans population. The Commissioner's reviewed this information as a place to begin their search for new sites.

AB 193 required the Commission to issue a report to the Governor and Legislature by October 1, 2001. With less than a year to carry out their activities the Commissioner's proceeded to call immediately for proposals and to visit potential sites for veterans homes.

The next meeting took place January 29, and 30 at Greater Los Angeles Veterans Administration Medical Center and Long Beach VA Medical Center. At both the Los Angeles and the Long Beach Medical Centers the Commission was given impressive presentations and viewed the potential sites. Criteria to be followed for the selection process was introduced and discussed.

The ensuing seven public meetings and seven Sub-Committee meetings have taken the Commission to all ends of the state and have offered a variety of sites. The public meetings have averaged around 200 enthusiastic attendees. In most cases, local veterans groups proposed the sites with support from local government officials.

After the January meeting, it was determined that it was going to be very difficult to do a thorough job of examining a whole State filled with possibilities. Recognizing the problem Assembly Member Dennis Cardoza introduced legislation (AB 494) to extend the Commission for two more years. That continuance was reduced to one year. AB 494 would have passed with an Urgency, which would have delayed this report until next year, but because the statute was passed without the Urgency, the report is due on October 1st, of this year.

The Commission has operated while the first home Barstow was decertified by the California Department of Health Services and the USDVA. Barstow, as of this report, has not regained its certification. Because of the lack of certification of Barstow, the Commission has also seen 200 beds of Skilled Nursing in Chula Vista remained vacant. These events have had an impact on the findings of this Commission.

Additionally, the Commission has been in place while the Legislature and the administration battle over funding for the construction of a veterans home at the Lancaster site. The Legislature has authorized funding for the Lancaster project, once as a bill and the other in the budget process. The Governor has vetoed these efforts.

The Governor has signed AB 494 and SB 4 on October 9, 2001. These bills continue the Commission for another year and asked that the Commission consider Shasta County.

The Commission is issuing this report knowing that it will be necessary to offer supplemental reports that incorporate the findings and recommendations of the Commission during the 2002 period. The Commission has reached conclusions and made recommendations that should be addressed in the upcoming legislative year and should be addressed without delay.

Recommendations of the Governor's Blue Ribbon Task Force on Veterans Homes

The task force recommends that the department as well as the Governor's Commission on Future Veterans Homes ensure consideration of the following factors in site selection and home design, which are not listed in order of priority:

1. Availability of nurses in the area around the site and local salary levels of such nurses. Some areas have many nurses, but even more LTC facilities vying for the available pool.
2. Proximity to families.
3. Proximity to a VA medical center (MC) within reasonable commuting distance (not more than one hour away). The VA recommendation adopted by some other states of co-locating with a VAMC should be seriously considered.
4. Proximity to other medical centers, such as a university health center offering geriatric care.
5. Proximity of local colleges able to offer nursing courses.
6. Veterans population: An objective needs assessment prior to determining sites for future homes that includes veterans demographics data to ensure that areas with the greatest veterans density receive first consideration.
7. Availability of desirable, affordable housing in the area for staff.
8. There are still privacy issues to be resolved in the individual rooms at the homes. Therefore, CDVA should seriously evaluate the existing platforms and not copy the current model before building additional campuses. The department should learn from past mistakes and require the architect to submit innovative and nontraditional plans for future facilities.
9. Facility designs should consider:
 - 1) More single rooms and individual bathrooms
 - 2) Privacy enhancements and personalization
 - 3) Facilities for married couples
 - 4) Apartments for nurses and other staff
 - 5) Visitor lodging and parking
 - 6) Expanded recreational and warehouse facilities
 - 7) Additional programs such as vocational rehabilitation training and adult day care
10. Greater networking and training with professional groups like the California Association of Health Facilities (CAHF), Quality Care Health Foundation (QCHF), Department of Health Services (DHS), and others. DHS conducts quarterly training sessions where they discuss common issues and bring in administrators and staff members to do brainstorming and discuss best practices.

11. Take greater advantage of the VA's consultation abilities and make sure the homes are using them year-round to improve services, rather than waiting for an annual inspection.
12. Recent historical books and motion pictures and the fundraising drive for a national veterans memorial in Washington, D.C. have created a greater public awareness of the sacrifices of military service during World War II. The department should take advantage of this patriotic climate and encourage individual and corporate involvement for contributions and funding.



GOVERNOR'S COMMISSION ON CALIFORNIA VETERANS HOME

SITE SELECTION CRITERIA

Adopted 3/2/2001

1. Distance to an acute health care provider.
2. Size of veterans population to be served within a defined service area.
3. Availability of site, speed of entitlement of zoning, planning, conditional use permits.
4. Guarantee of site availability at expected construction date.
5. Form of conveyance for state use (i.e., deed, long term lease).
6. Site characteristics, including visibility.
7. Site acquisition and development costs.
8. Environmental conditions and impact.
9. Noise conditions and impact.
10. Seismic safety.
11. Value of land to be donated/acquired.
12. Type and value of land development costs to be provided by host community.
13. Availability of labor pool for classes of employees required.
14. Transportation services available.
15. Recreational facilities available.
16. Cultural, social, religious access.
17. Community support.
18. Other quality of life issues.
19. Distance to public safety providers.
20. Accessibility to site for visitors.
21. For site dedicated to Alzheimer's/dementia medical care:
 - Availability of medical facilities and research facilities for specialty care.

ESTABLISH FINDINGS AND MAKE RECOMMENDATIONS TO THE GOVERNOR AND THE LEGISLATURE ON THE ESTABLISHMENT OF VETERANS HOMES IN CALIFORNIA.

(A) POSSIBLE SITES FOR ONE OR MORE STATE VETERANS HOMES.

THE COMMISSION HAS EXAMINED THE FOLOWING LOCATIONS FOR POSSIBLE SELECTION AS FUTURE VETERANS HOME SITES:

Greater Los Angeles VA Medical Center

“Perris and West Los Angeles are prime choices of the commission to serve as future construction sites for subsequent units of the Southern California Veterans Home. This appears to be inevitable, since two out of every three of the 2.8 million people, who make up the California Veterans community, reside south of the Tehachapi Mountains of Southern California, the focus of the commission study.”

“West Los Angeles came forward with a proposal very late in the life of this commission. The USDVA Director of the West Los Angeles Medical Center made the proposal. The Commission was able to schedule a one -day visit to this site for a presentation and a tour of the available buildings and grounds. A cluster o f buildings would be provided for the Veterans Home, but they would need to undergo complete retrofitting to render them usable. The alternative was a twenty -acre site adjacent to the main buildings of the VAMC.

Our acceptance of the invitation to visit, hear the proposal, and evaluate the site was based on the fact that some 850,000 veterans reside in Los Angeles County and the appeal of a somewhat unusual offer for a joint venture between CDVA and USDVA to provide food service, laundry service, and tran sportation. The Director stated there would be a vehicle for conveyance of the property for a construction site to the State of California. This offer is considered by the Commission to be worthy of further study should the occasion arise for the construction of more than four Southern California Veterans Home sites or should one of the four selected sites become unavailable.”

*Findings and Recommendations on the Establishment of a State Veterans Home in Southern California,
Governor's Task Force on a Southern California Veterans Home, December 31, 1996*

Greater Los Angeles VA Medical Center has been under consideration for many years as a site for a Veterans Home. In the excerpts from the 1996 Governors Task Force Report on Southern California Veterans Homes, the facility is listed as one of the prime locations for a future veterans home after those stated in law. The previous report even sites the reasons. Greater LA VA Medical Center is located in the middle of 850,000 veterans. GLAVA has a medical center that will provide acute care to the veterans at the home, along with a pharmacy, laundry, kitchen and doctors and nurses that can be utilized by both facilities. The previous Commission's concern over the necessity to transfer property has been worked out.

The cooperation that has been extended to the State from VA has been exceptional. The VA is ready to let the State build on 30 acres of land extended by lease for the next 75 years. The ability to partner on this project brings the synergy of VA, UCLA, the City and County of Los Angeles and the CDVA to services for veterans and their families.

GLA-VA is the best site in the State to build the next veterans home. It offers a location well suited to serve the greatest population of veterans and additional services that are not available in any of the sites that have been considered by the Commission. The commitment
Site Selection continued

to return this location back into its original purpose as the West Coast Old Soldier Home has community support and praise of the veterans that will potentially be served at that site.

The GLA-VA Sub-Committee recommended that:

1. The GLAHS campus should be considered as an important candidate site for a California State Veterans Home. The site could be considered as meeting the needs for both a location in the Greater Los Angeles area and a facility to receive veterans suffering from Alzheimer's and other dementia-type problems.
2. A site such as the GLAHS campus should be considered primarily for providing nursing care because of the extensive medical services available from the VA Medical Center.
3. The Commission considers potential advantages in developing such a site in stages, as compared to past practice of building a large home, such as 400 beds, in one project. One stage, for example, could be designed to provide an initial capability for providing care for persons with dementia type problems, with later additions to provide other types of nursing care.

It should also be noted that the Veterans Millennium Healthcare Bill passed by Congress provides approximately \$800 million over the next four years to enhance longterm care programs for aging veterans. The combination of the medical services which could be provided by the GLAHS and the long term residential services provided by a State veterans home on the same site would be entirely complementary and could result in quality of care of the highest order for the residents.

Long Beach VA Medical Center – Long Beach, like Los Angeles, sits in the middle of approximately 850,000 veterans. The site being offered is located on the property of the VA Medical Center. Acute care can be delivered a mere 100 yards from the proposed site.

Long Beach, because of its location and services that it can provide, is an excellent location for a veterans home. The restrictions that are placed on the site by the limited amount of property available, the increased cost to build in that location because the need to build multi story buildings and the impact it would have on the facilities that will share that space are a deterrent to selecting this site above others that are being considered. Even though the veterans would be close to the beach and enjoy excellent climate, they would be compacted into a small area.

Although the veterans in this community have been vocal, the community has been slow to support this project and the Commission has not heard from the City of Long Beach. Further information needs to be gathered by the Commission next year prior to making a recommendation regarding this particular site.

Site Selection continued

Fresno - The Fresno area meets all of the criteria established by the Commission and addresses the recommendations of the Blue Ribbon Task Force. All of the sites visited by the Commission in the Fresno area are located near acute care facilities and all are within 20 miles of the Fresno VA Medical Center.

The Fresno community has rallied behind the concept of placing a veterans home in Fresno County and has made presentations at three of the Commission's meetings.

Unfortunately, Fresno has gotten a late start in selecting a site and offering a proposal to the Commission. Further information needs to be gathered by the Commission next year prior to making a recommendation regarding a particular site.

Redding/Shasta County - The Commission was shown has three viable sites for a future veterans home in the Shasta County area. At the urging of the Commission, Shasta County has chosen one site located at Shasta Community College. The location would serve the twelve northernmost counties of the state with a veterans' population of approximately 3% of the states veterans. The citizens group insists that they are representing sixteen counties but at least four of these counties are located much closer to Yountville than they are to Redding. The service area is a large geographic area that has many extremely rural areas with limited transportation corridors.

The Redding area is served by the Redding VA Clinic, Shasta County's Merx Medical Center, and the Redding Medical Center. All are relatively close by major thoroughfares to all sites with the City of Shasta Lake being the furthest away. There are helicopter and fixed wing transport services available and medical air transport services to the rural northern portions of the state. A large range of medical specialties can be provided to include cardiac, cancer, and trauma. Shasta College provides a variety of medical related academic programs including nursing, dental hygiene, and gerontology. There is no nursing shortage in Redding. The nearest VA Medical Center, however, is located over two hours away.

The communities represented by these county areas are united, organized, and determined to bring additional veterans services to the northern state. They have worked together cooperatively to provide sites that would meet the Commission's site criteria for a future veterans home.

The Commission has seen the sites and was offered the best presentation made by any group at the meeting in Redding. At the Commission meeting in Fresno, September 21, 2001 the Shasta County group attended the meeting and informed the Commission that they had united in support of a site located at Shasta College.

Coalinga – Like Barstow, Coalinga is located in a remote area of the State. From the nearest VA Medical Center in Fresno, the proposed site is 72 miles. The site is located next to and can be connected to the acute care facility at Coalinga Medical Center. Coalinga is home to a state prison and will house the new long-term sex offender prison. Coalinga is home to West Hills Community College, which has introduced a Psychtech program into its curriculum.

Site Selection continued

At this time, the Central Valley Sub-Committee of the Commission has only visited the site. Further information needs to be gathered by the Commission next year prior to making a recommendation regarding this particular site.

The Commission has been active for one year. The members have traveled to many sites in many communities across the state. Next year the Commission will continue the work of selecting sites for future veterans homes. The sites that we have considered have not all been chosen but that is not to imply that they have been omitted from consideration. Their absence only indicates the need for further study. The sites that we have selected represent the first cut and more than meet the criteria for immediate inclusion on the list. CDVA's operation of the Veterans Home in Barstow has offered valuable lessons in the importance of selecting appropriate sites. It is the Commission's conclusion that while other sites have merit worth exploring, the site recommendations contained in this report address the needs of the greatest number of veterans.

(B) SELECTION OF A SITE SPECIFICALLY FOR THE TREATMENT OF VETERANS WHO SUFFER FROM ALZHEIMER'S DISEASE OR OTHER DISEASES CAUSING DEMENTIA.

The Commission has heard testimony from experts in the fields of Alzheimer's disease and dementia care at GLA-VA and UCLA. The staff, facilities, and programs which are available at this VA Medical Center, and this major university medical school and research center, clearly indicate that a State Veterans Home which is intended to provide specifically for the treatment of veterans who suffer from Alzheimer's disease or other diseases causing dementia should be located at this site.

The UCLA Alzheimer's Disease Center is nationally recognized for clinical care, research and education in Alzheimer's disease and other aging-related dementias. Specialized programs in PTSD, schizophrenia, mood disorders, geropsychiatry, and substance abuse management, as well as inpatient psychiatric care, ambulatory mental health care, psychiatric consultation, and psychological services are administered at GLAHS.

The GLAHS Geriatric Research, Education and Clinical Center (GRECC) Program is also a unique and powerful resource. The GLAHS GRECC is the oldest, largest and most productive of the 20 congressionally chartered, national GRECC programs. The role of the GRECCs is to improve the health care of older veterans through clinically relevant research in aging disorders, establishing new educational programs, and developing testing and disseminating improved models of health care for older veterans. The GLAHS GRECC is ready to support the research and activities of this Commission.

The GLAHS Alzheimer's Disease Center of Excellence would greatly enhance the quality of care for patients in the region with dementia. Primary components include continuity of care, caregiver support, expanded outpatient care, education and research, and program evaluation. This framework can be extended to enhance services at the CSVH site.

There certainly is a need for further study concerning the design of this site, and the care and services that would be provided. Initially, it would appear that an important role of the CSVH

would be to provide the veterans with long term residential care, in a skilled nursing setting, while the medical care services were provided under contract by the GLAHS and the UCLA medical school. The GLAHS CSVH site could also serve as a hub for the development of innovative Alzheimer's disease care programs for implementation at other California Veterans Homes. The Commission recommends that the California Department of Veterans Affairs either fund or seek grants to fund a research project which would update the study completed in 1998 on the Impact of Alzheimer's and dementia related problems on the veterans population of California. An additional objective of this project should be to develop the specific design for the facility and to determine the desired services and staffing for the facility, which the Commission proposes to be constructed at GLAHS.

C) THE SCOPE AND LEVEL OF HEALTH CARE, RESIDENTIAL CARE, AND RECREATIONAL FACILITIES, AND OTHER SERVICES AND AMENITIES TO BE PROVIDED AT EACH HOME.

1. The levels of health care, which should be considered for the sites to be recommended as State Veterans Homes, would be from the following:

a. Domiciliary Care

This level is for aged and/or disabled Veterans who are selfsufficient and able to perform daily living activities adequately. They require a minimum of personal care. Supervision is provided by non-nursing staff.

b. Intermediate Nursing Care

Residents in this level of care require a minimum amount of nursing assistance to perform daily living activities. Licensed nursing staff administers medications and treatments. There may also be supportive, restorative and preventative medical services. This level differs from Skilled Nursing to the extent that there is less recurring need for nursing services and the degree of mental activity is a factor in the amount of care required.

c. Licensed Residential Care

A licensed nursing staff is provided for care of the residents on a 24hour basis to provide a minimal level of nursing care and supervision. This level may also include alcohol and drug rehabilitation programs. Residents may be admitted to this level of care but would normally be expected to move from this level of care to Domiciliary Care within a certain specified time after admission to the Home. It is not considered necessary to allocate a specific number of beds to this level of care.

d. Skilled Nursing Care

This level provides 24-hour inpatient skilled nursing on an extended basis. As a minimum, patients receive rehabilitation, nursing, pharmaceutical, dietary and activity programs. The degree of need for care may vary from moderate to total, depending on the patient's condition.

e. Specialized Skilled Nursing Care - Alzheimer's and related Dementia Healthcare Needs

This specialized care would provide, in addition to the Skilled Nursing level, the unique requirements for addressing the needs of persons with Alzheimer's and dementia

medical conditions. (The recommendations for this care level require more expert study and refinement. For example, there is information becoming available that a lower level of care with specialized design of services may be provided for some persons with this type of health problem.)

f. Acute Care

This level provides continuous life saving services, including medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, dietary, psychiatric, intensive and coronary care. Many studies in past years, concerning the proposals for developing State Veterans Homes, including the reports of the previous advisory commissions, have concluded that acute care should not be included in the levels of care to be provided. The reasons include the extraordinary costs associated with the construction of acute care hospitals, the high operating costs of these facilities, and the low occupancy rates. The Commission should recommend sources from outside the Veterans Home, itself, as the source of this care, with specific consideration of the existing Medical Centers operated by USDVA.

g. Day Care

This level of care would provide for services to those veterans who could be brought to the Home by care givers on a daily basis, either at regular or intermittent times and particularly for those veterans requiring a high level of nursing type care. This level of care is particularly applicable for those suffering from Alzheimer's and related dementia type medical conditions. This type of care would provide benefits for:

(1) The veteran who would be able to socialize with other members of the veterans community, with an additional opportunity for medical examination and care.

(2) The family members who would be provided with a respite from the extensive care of the veteran, and an opportunity to tend to necessary activities which might not be possible if there were no other person available to care for the veteran.

2. Level of care is an issue that needs to be further addressed in the future activities of this Commission, particularly for those sites for which the specific location has not yet been recommended.
3. At the present time, admissions to the State Veterans Homes are accepted only for Domiciliary and Licensed Residential care levels. The Department of Veterans Affairs should develop plans that would permit admissions directly into the Skilled Nursing, Specialized Skilled Nursing (Alzheimer's), and Day Care levels when these facilities are available.
4. Recreational facilities, and other services and amenities at each home, should include the following:

a. Alcohol and Substance Abuse Programs

The Alcohol and Substance Abuse Programs are required to treat residents identified as being in need of rehabilitation. This program would be provided under the Licensed Residential Care unit on an as needed basis.

b. Specialized Geriatric Medical Services

In consideration of the age of the veterans in the Homes, there needs to be a significant capability to provide specialized geriatric medical services. These services would include, as examples, rehabilitation programs, psychiatric care, prosthetic devices, and equipment such as wheelchairs. These services should be provided by an appropriate full service medical facility, such as the USDVA Medical Center.

c. Medical Administration Services

This service would be required to maintain medical records of the residents; provide referral services and arrange appointments with local medical and dental service providers to meet residents needs; provide medical transportation to local service providers and to the VA Medical Center; and provide a pharmacy service. This program service would be provided as a staff function of the Home, or by contract with a separate medical facility.

d. Chaplaincy Service

The services of chaplains to minister to the spiritual needs of residents, particularly those in the nursing units, would be required. Activities would be expected to include assisting in arranging transportation of residents to church services in the local area; holding services at the Home for residents who may be unable to travel; visiting the nursing wards; conducting memorial services and participating in ceremonial events throughout the year. It is anticipated that this service could be arranged through the volunteer services of the various churches in the community.

e. Veterans Services

This program would be required to provide assistance in completing VA claims for residents. Arrangements should be made with the Veterans Service Office of the County in which each home is located to provide on site services to the residents on a regular basis. It is anticipated that the professional Service Officers of the Veterans organizations will also provide on-site services to members of their organizations who are residents of the Home.

f. Social Work Service

Veterans entering the Home would not be expected to leave their problems behind. A social work service would be required to provide continuing counseling and assistance to residents and patients throughout all levels of care, assisting them with family and financial problems and helping them adjust to the community life of the Home. This program service would be provided as a staff function of the Home.

g. Vocational and Leisure Service

This program would provide recreational opportunities for residents in the Domiciliary Care unit, with a focus on geriatrically appropriate activities. The program would also coordinate volunteer services that would be provided by members of the Veterans organizations community groups in the area of the Home. The vocational and leisure service program would be primarily a coordination and planning activity and could be provided by a small paid staff. Programs should include activities in which the veterans can take part in community activities that are available. To this end, public transportation services must be available between the home and the immediate community, and should be supplemented by van services provided by the Home.

Level of care is an issue to be addressed in the coming year. The degree of need must be determined and the number of impacted veterans counted. This Commission has addressed level of care issues, however, this is one of the areas that needs to be addressed in the extended life of this Commission.

(D) THE NUMBER OF SITES TO BE ESTABLISHED AND THE RESIDENT POPULATION TO BE SERVED AT EACH SITE.

The US Department of Veterans Affairs has determined that there is an unmet need for 3,567 beds that should be built in this State. Currently the State is licensed to operate 2,400 beds. In reality the state operates just over 1600 beds. How many sites will the Legislature be willing to fund?

This, too, is a discussion item to be covered in the next report of the Commission. Next year the Commission needs to take a serious look at how many beds the State is willing to fund on an annual basis. The construction costs are minimal items in the entire spectrum of building veterans homes. Once a home is built, the state must continue to fund services to that home. Yountville has been operated by the State for over 101 years. During each of those years, it has been the State's responsibility to fund this site. Is the State willing to fund the number of sites under discussion for the next 100 years and at the current cost of \$22 million dollars for each 400 bed home, how many homes is the state willing to fund?

(E) ESTIMATES OF DESIGN AND PLANNING COSTS, LAND ACQUISITION COSTS, CAPITAL CONSTRUCTION COSTS, AND ANNUAL OPERATING COSTS OF EACH HOME THAT WOULD BE ASSOCIATED WITH VARIOUS MODES OF CONSTRUCTION.

The Commission has had very little time to address the issue of cost. The Commission is recommending that the homes be designed to meet the needs of the community. With each home being unique, so will the planning and design cost.

Additionally, the Department should also convene a group of experts in the fields of Alzheimer's and dementia to address an appropriate design for a facility to care for individuals that are to be treated at a particular facility or in units located at all of the veterans homes in the state. This is another discussion for next year.

(F) FINANCING OPTIONS FOR THE DEVELOPMENT AND CONSTRUCTION OF A HOME ON ONE OR MORE SITES THAT SHALL INCLUDE, BUT NOT BE LIMITED TO, FINANCIAL ASSISTANCE AVAILABLE THROUGH THE FEDERAL DEPARTMENT OF VETERANS AFFAIRS STATE HOME GRANTS PROGRAM.

Proposition 16 authorized the state to sell \$50 million of general obligation bonds to pay the state's share of the cost for construction and renovation of new and existing veterans' homes. General obligation bonds are backed by the state, meaning that the state is required to pay the principal and interest costs on these bonds. General Fund revenues would be used to pay these costs. These revenues come primarily from state personal and corporate income taxes and the sales tax, which has suffered a marked decline.

The \$50 million in bonds were allocated to be used for two purposes:

The first allocation would replace lease-payment bonds currently available for veterans' homes. Lease payment bonds are similar to general obligation bonds in that General Fund

revenue are used to pay off the bonds. Leasepayment bonds, however, are more costly because they have higher interest rates and selling costs.

The remaining funds in the general obligation bonds would be available for (1) additional new veterans' homes (that is, beyond the new homes in Chula Vista, Lancaster and Saticoy) and/or (2) renovation of existing homes.

The federal government pays two thirds of the cost of a new home or renovation of an existing home. The Commission once it has made a determination as to the location and services to be provided, will work closely with CDVA to determine the costs for new home development and construction.

(G) THE MANAGEMENT OF EACH HOME BY STATE OR PRIVATE ADMINISTRATION.

CDVA has operated homes for over one hundred years. Thousands of veterans have lived under the care of the Department since it took charge of the Yountville Veterans Home. CDVA has served veterans of the Civil War and presently serve veterans of World War I, WWII, Korea and Viet Nam. The Department has done a good job and this Commission has no doubt that CDVA is capable of continuing the management of the California Veterans Homes.

SUMMARY

As stated in the Commission recommendations, the number one priority of the Governor and the State Legislature should take action immediately to build new veterans homes concurrently. Cooperative action on the part of the Governor and the Legislature is required to address a serious need for long-term care veterans. As a result of disagreements over policy between DHS and CDVA, 400 hundred beds that could be utilized by veterans are idle. The State has effectively rendered close to \$30,000,000 worth of facilities unavailable for care. The Commission has operated in this climate. The Commission believes it is time to open existing beds and construct new homes to service this State's veterans.

If the nationwide projection is true that over 1,000 World War II veterans die each day in America, than with California having over 10% of the nations veterans, it serves to reason that over 100 WWII veterans die in California daily. At this rate, over 36,500 WWII veterans are dying in this State each year.

The CDVA projects the veterans' population of California at 3,000,000. The demography experts at the VA place the figure at just over 2,600,000. At least two thirds of the veterans reside in the eight southern counties. There are many sites that are available that could serve veterans, however, in the placement of new veterans homes the State should first consider those sites which offer care for the greatest number of veterans.

The Commission has been in statute for less than two years but has been operational for less than one. There are other sites and issues to address and with the signing of AB 494 and SB 4 it will have the added time. Giving the Commission more time, however does not change the urgency of our veterans situation, it is time to open existing beds and construct new homes to service this State's veterans.

Appendix Item A: Assembly Bill No. 193

CHAPTER 810

An act to add and repeal Section 1011.7 of the Military and Veterans Code, relating to veterans.

[Approved by Governor October 8, 1999.

Filed with Secretary of State October 10, 1999.]

LEGISLATIVE COUNSEL'S DIGEST

AB 193, Cardoza. Veterans homes.

Existing law establishes a Veterans Home of California, Yountville, and authorizes the Department of Veterans Affairs to establish and construct a 2nd home located at various sites in southern California. This bill would establish a Governor's Commission on Veterans Homes consisting of 12 appointed and ex officio members to advise the Governor and the Legislature, as specified, on the establishment of veterans homes in California. The bill would repeal these provisions as of January 1, 2002.

The people of the State of California do enact as follows:

SECTION 1. Section 1011.7 is added to the Military and Veterans Code, to read:

1011.7. (a) There is hereby created a Governor's Commission on Veterans Homes to advise the Governor and the Legislature on the establishment of veterans homes in California.

(b) The commission shall consist of 12 members as follows:

(1) **A member of the Veterans of Foreign Wars**, appointed by the Governor from a list of three names submitted to the Governor by the Commander of the Veterans of Foreign Wars.

(2) **A member of the American Legion**, appointed by the Governor from a list of three names submitted to the Governor by the Commander of the American Legion.

(3) **A member of the Disabled American Veterans**, appointed by the Governor from a list of three names submitted to the Governor by the Commander of the Disabled American Veterans.

(4) **A member of the AmVets**, appointed by the Governor from a list of three names submitted to the Governor by the Commander of the AmVets.

(5) **Three veterans**, as defined by Section 980, appointed by the Governor.

(6) **Two members appointed by the Speaker of the Assembly, one of whom shall be a veteran, as defined by Section 980, and one of whom shall serve as an ex officio, nonvoting member.**

(7) **Two members appointed by the Senate Committee on Rules, one of whom shall be a veteran, as defined by Section 980, and one of whom shall serve as an ex officio, nonvoting member.**

(8) **The Secretary of Veterans Affairs** or his or her designee.

(c) (1) In making appointments pursuant to paragraphs (1) to (4), inclusive, of subdivision (b), the Governor shall consult with the leadership of the veterans organizations specified in those paragraphs.

(2) Notwithstanding any other provision of law, gubernatorial appointments made pursuant to subdivision (b) shall not be subject to the approval of the Senate.

(d) The Governor shall select one of the members to serve as chairperson.

(e) The commission shall hold a minimum of four public meetings at times and places as it shall determine.

(f) (1) Each member shall receive, for each day's attendance at each meeting of the commission, a per diem of fifty dollars (\$50) and shall receive the same per diem for each day spent on official duties assigned by the commission.

(2) Each member shall be reimbursed for his or her necessary traveling and other expenses incurred in the performance of his or her official duties. State agencies, including those identified in subdivision (j), may pay a portion of the commission's expenses.

(g) (1) The commission shall establish findings and make recommendations to the Governor and the Legislature on the establishment of veterans homes in California. The findings and recommendations may include, but need not be limited to, the following matters:

(A) Possible sites for one or more state veterans homes. This recommendation shall give consideration to the availability of federal surplus property and any property available for no cost, or at less than market value, from public or private sources, and to a competitive site-selection process that would compare the relative merits of all available sites.

(B) Selection of a site specifically for the treatment of veterans who suffer from Alzheimer's disease or other diseases causing dementia. Preference should be given to a site with access to an existing medical teaching or research facility.

(C) The scope and level of health care, residential care, and recreational facilities, and other services and amenities to be provided at each home.

(D) The number of sites to be established and the resident population to be served at each site, including a description of the type, size, and projected population of each of the residential components of the home, including, but not limited to, skilled nursing care beds, intermediate care beds, domiciliary care, independent living facilities, and day care facilities.

(E) Estimates of design and planning costs, land acquisition costs, capital construction costs, and annual operating costs of each home that would be associated with various modes of construction.

(F) Financing options for the development and construction of a home on one or more sites that shall include, but not be limited to, financial assistance available through the federal Department of Veterans Affairs State Home Grants Program.

(G) The management of each home by state or private administration.

(2) For the purposes of paragraph (1), the commission shall hear testimony from interested citizens concerning the needs of veterans in California.

(h) Notwithstanding Section 7550.5 of the Government Code, the commission shall report to the Governor and the Legislature on or before October 1, 2001, concerning its findings and recommendations, as specified in subdivision (g), for the development and construction activities associated with veterans homes in California.

(i) (1) Any new veterans homes sites recommended by the Governor's Commission on Veterans Homes shall be in addition to, and any new homes shall be built after, those listed in Section 1011. (2) Priority for new veterans home sites shall be in areas that have been underserved, specifically in the San Joaquin Valley and the Los Angeles Basin.

(j) State agencies, including, but not limited to, the Governor's Office of Planning and Research, the Department of Veterans Affairs, the office of the Treasurer, and the Project Management Branch within the Real Estate Services Division of the Department of General Services, may provide staff assistance to the commission upon its request.

(k) The commission may solicit and accept private donations, through benefits.

(l) This section shall remain in effect only until January 1, 2002, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2002, deletes or extends that date.

Appendix Item B: Sub Committee Reports



GOVERNOR'S COMMISSION ON CALIFORNIA VETERANS HOME

SUB-COMMITTEES

Financing Options and Cost Committee

Chair Ron Melendez
Russell Woods
Sandra Yope

Level of Care Committee

Chair Bill Manes
Daniel Silva

Site Selection Committees

Greater Los Angeles Veterans Healthcare Center

Chair Leo Burke
Bill Manes

Long Beach VA Health Care Center

Chair John Larson
Ron Melendez

Central Valley Veterans Home

Chair Nettie Washington
Denis Wells
Tom Craft
Assembly Member Dennis Cardoza

Northern California/Shasta County Veterans Home

Chair Daniel Silva
Sandra Yope

LEVEL OF CARE TO BE PROVIDED AT VETERANS HOMES

DRAFT COMMITTEE REPORT

May 17, 2001

The following is essentially taken from the report submitted by the Governor's Advisory Commission on the Southern California Veterans Home (1992).

The standard levels of health care available in a Veterans Home would normally be:

1. Residential (Domiciliary) Care

This level is for aged and/or disabled Veterans who are self-sufficient and able to perform daily living activities adequately. They require a minimum of personal care. Supervision is provided by non-nursing staff.

2. Intermediate Nursing Care

Residents in this level of care require a minimum amount of nursing assistance to perform daily living activities. Licensed nursing staff administer medications and treatments. There may also be supportive, restorative and preventative medical services. This level differs from Skilled Nursing to the extent that there is less recurring need for nursing services and the degree of mental activity is a factor in the amount of care required.

3. Licensed Residential Care

A licensed nursing staff is provided for care of the residents on a 24-hour basis to provide a minimal level of nursing care and supervision. This level may also include alcohol and drug rehabilitation programs.

4. Skilled Nursing Care

This level provides 24-hour inpatient skilled nursing on an extended basis. As a minimum, patients receive rehabilitation, nursing, pharmaceutical, dietary and activity programs. The degree of need for care may vary from moderate to total, depending on the patient's condition.

5. Acute Care

This level provides continuous life saving services, including medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, dietary, psychiatric, intensive and coronary care.

The current design for the California Veterans Homes in Southern California call for the following numbers of beds in each 400-bed capacity home, based on the recommendations of the previous Commission:

Residential Care unit: 220 beds

Intermediate Nursing Care unit: 120 beds

Licensed Residential Care unit (An ancillary function of the Home; no separate bed allotment)

Skilled Nursing Care unit: 60 beds

Commentary:

1. There should be another level added to this list concerning the care for persons suffering from Alzheimer's and related dementia problems. While this care is frequently considered to be at the Skilled Nursing level, there are unique requirements for addressing the needs of such persons, and there is information becoming available that a lower level of care with specialized design of services may be

provided for some persons with this type of health problem.

The Commission should be provided with expert advice to develop recommendations concerning the level of care to be provided for persons with dementia type health care needs.

2. Many studies in past years, concerning the proposals for developing State Veterans Homes, including the reports of the previous advisory commissions, have concluded that acute care should not be included in the levels of care to be provided. The reasons include the extraordinary costs associated with the construction of acute care hospitals, the high operating costs of these facilities, and the low occupancy rates. It appears likely at this time that many of the sites to be considered by the Commission may be in close proximity to existing Medical Centers operated by USDVA, and that these sites have significant acute care facilities, which are currently underutilized.

The final recommendations concerning the level of care should be tailored to the sites that are included in the recommendations but, in any event, the Commission should carefully consider the cost and needs factors in providing acute care in developing its recommendations concerning both sites and levels of care.

3. If acute care is not to be provided on site at a State Veterans Home, the ability of residents to receive such care, the sources of the care, and how it is to be provided, should be significant considerations in any site selection.

The Commission should consider adding the following to the site selection criteria:

Medical care Access (access should be defined as within 30 minutes driving time to the facility of need):

- A.) Is there access to modern emergency and urgent care services?
- B.) Is there access to surgical and psychiatric services?
- C.) What are the geriatric services and management of those services available to the veteran?
- D.) Is there access to specialized services for the treatment of Alzheimer's disease and other diseases that cause Dementia?
- E.) What is the extent of the continuum of care available at the proposed site or access to?

4. Experience with the first two homes constructed in Southern California, at Barstow and Chula Vista, would appear to justify changes, at future sites, to the number of beds in each of the levels of service, with significant reduction in the numbers of domiciliary-only beds and corresponding increases in nursing care beds. The recommendations of this Commission would, of course, have to be based on the recommendations made for the size of each Home that would be constructed.

The Commission should be provided with expert advice from the Department of Veterans Affairs concerning the anticipated needs of the various levels of service in future homes, and the homes should be designed to provide maximum utilization according to such projections of need.

QUALITY OF LIFE DISCUSSION ISSUES

The Level of Care Committee submits the following as a statement of concerns related to the development of recommendations concerning the design of future State Veterans Homes. The Committee considers that these concerns will necessitate much discussion. We should see what research exists that will establish, what current health professionals feel, is the best design for a facility

that houses/ treats residents with Alzheimer's and or dementia. There is considerable research already pointing to the fact that constant and challenging brain activity prolongs the onset of these diseases.

This in turn lends itself to the proposed site. What are pros and cons of the environment? What are the activities at the site or that one has access to that will encourage family / friends participation that will assist in prolonging the onset of these diseases. What are the opportunities for continuing education programs?

Quality of life issues are always linked on a daily basis to food. We should take the time to investigate who out there is currently considered a leader and seek their council as to what is being done that we do not want to repeat. In addition, what is not being done currently that should be.

Quality of life issues are also connected to cultural diversity and what activities are available to the residents and their family and friends.

These are a few thoughts to get the discussion started. However, we need a great deal of input as we proceed. Everything that (the Committee members) have read thus far seems to indicate that we are headed for a reality that may be manageable or may not be. That reality is the ageing of the veteran's population.

Information available indicates that more than 38% of the current veteran population is 65 or older. A peak of 9.3 million as of the year 2000. While the number of veterans 85 and older will continue to rise peaking in the year 2020.

While we do not need to reinvent the wheel, we should also investigate new and innovated approaches. As the new demands continue to challenge us, we may find that the wheel will come to represent the old way of doing business.

Submitted:

May 17, 2001

William C. Manes
Daniel J. Silva

Governors Commission on California Veterans Homes

Final Report of the Subcommittee on Financing Options and Operating Costs

October 1, 2001

The Subcommittee on Financing Options and Operating Costs (Subcommittee) consisting of Commissioner's Ron Melendez, Sandra Yope and Russell Woods reviewed the options available to the Governor's Commission on California Veterans Homes (Commission) regarding financing options and costs. In support of the Subcommittee were several California Department of Veterans Affairs (CDVA) staff including Ron Brand, Commission Project Director, Wes Barker, CDVA Veterans Homes and Lynn Johnson CDVA Budget staff.

The Subcommittee review included: Financing options, cost to build the Barstow and Chula Vista Homes, available resources, estimated costs, US Department of Veterans Affairs (USDVA) application time tables, and other items as necessary.

Financing Options:

Subcommittee findings suggested that although there are many types of financing available, the only feasible method included **"Grants for Construction of State Home Facilities" as authorized by Title 38 USC sections 8131 to 8137.** The objective of these grants are to assist states in the acquisition of or construction of State Home facilities for furnishing domiciliary, nursing home, or hospital care to veterans in State Homes. Project grants are made by the USDVA, which may not exceed 65% of the estimated costs of construction including the provision of initial equipment for any such building. Repayment of USDVA Grant funds is waived upon completions of 20 years of facility operation for veterans' purposes.

Federal Funds are only available to states that:

- Identify sites,
- Submit an application by the prescribed date, and;
- Certify that the applying state has appropriated a state match of 35% of the construction costs.

The Subcommittee identified two possible sources of State matching funds. The first is "Public Works Bond Financing" the method used by Barstow and Chula Vista. The second is Proposition 16 bond financing. On March 7, 2000, the voters of the State of California approved Proposition 16, which allows for the sale of \$50 million in bond funding to cover the costs of new veterans homes, rehabilitation of existing veterans homes and for expanded research and treatment for Alzheimer's and dementia related illnesses for veterans in the California Veterans Homes.

Information available to the Subcommittee indicated that the Barstow Facility cost approximately \$30 million and was built in 1996. The Chula Vista facility cost approximately \$36 million and was built in 1998, which left CDVA staff and Subcommittee members concluding that the next facility of equal size would cost approximately \$39-40 million, if started within the next twelve to eighteen months.

Operating Costs:

Information was provided to the Subcommittee by the CDVA on budget, operating costs and revenue for each of the three existing Veterans homes. However, due to time constraints, discussion on operating costs was minimal. Due to the insufficient time for evaluation, the Subcommittee is recommending this issue be further evaluated when the Commission is extended as a result of Assembly Bill 494 (Cardoza) on January 1, 2002.

Respectfully,

Ronald Melendez, Chairman
Sandra Yope
Russell Woods

SITE EVALUATION – WEST LOST ANGELES VA MEDICAL CENTER

Mr. Philip P. Thomas, Chief Executive Officer, VA Greater Los Angeles Healthcare System, has recommended that the Commission consider locating a California State Veterans Home on-site at the West Los Angeles campus. One meeting of the full Commission was held on that campus, and Commission members were given extensive briefings and a tour of the facility.

The following is based on a follow-up site visit to the VA Medical Center, West Los Angeles campus, of the Greater Los Angeles Healthcare System (GLAHS) by Commission members Leo Burke and William Manes.

SITE SELECTION CRITERIA:

1. Distance to acute health care provider.

Acute health care would be provided for all residents by the VA Medical Center. Emergency transportation, if required, would be provided from the Veterans Home Site to the hospital site on the same campus by the VA Medical Center. The GLAHS is the largest medical center in the health care system operated by USDVA. It includes large, modern emergency and urgent care services; more than 700 acute medical, surgical and psychiatric inpatient beds; complete operating room and intensive care unit facilities; and a broad extended care continuum that includes geriatric evaluation and management units, a sub acute care unit, a hospice program, and large inpatient and outpatient rehabilitative medicine programs.

2. Size of veterans population to be served within defined service area.

The Greater Los Angeles area is considered to include the Counties of Los Angeles, Ventura, Santa Barbara, Kern, and San Luis Obispo. There are an estimated 800,000 veterans in this area, including 250,000 over the age of 65. Over 70,000 veterans currently use the various medical facilities of the GLAHS.

3. Availability of site, completion of planning process, etc.

The actual availability date would be somewhat contingent on the specific part of the campus selected by the State. There are some potential areas suggested by the VA staff, which would require existing buildings to be razed. There are other areas which are currently open space and which would be immediately available. The site committee was assured that, in any event, the land selected could certainly be prepared before the State would be ready to begin construction operations.

4. Guarantee of site availability at expected construction date.

This guarantee would have to be negotiated by the State and the GLAHS. It is evident that the VA staff would want a firm commitment regarding the site selection to hold the site for future construction of the Veterans Home. It is unknown, at this time, how long the VA would be willing wait for the start of construction but they appear to understand at this time that it would be a matter of some years. The VA staff is interested in developing a long range development plan for the entire area of the GLAHS and is primarily interested, at this time, in getting some form of site selection commitment from the State.

5. For of conveyance for state use.

The GLAHS has offered a long term land lease of 75 years.

6. Site characteristics, including visibility.

The area includes a very large medical center operated by the U.S. Department of Veterans Affairs, including hospital, research facilities, nursing care units, and a very extensive support complex which serves other VA Medical Centers and the two existing California State Veterans Homes in Southern California. The site is clearly visible as a major VA medical center. One consideration would be to prevent the State Veterans Home from being submerged under the very large federal facility. This could be accomplished by selection of an area that is near the periphery of the complex and which could be served by direct road access from outside the complex, and be appropriately marked by signage. In general, however, the prospective site for the State Veterans Home would be expected to benefit from the association of the adjacent federal facility.

7. Site acquisition and development costs.

The land lease would be provided at no cost to the State. There are no unusual land conditions on any potential site that would be expected to provide unusual development costs. The entire complex is fully served by existing utility services.

8. Environmental conditions and impact.

The State Veterans Home would be entirely compatible with the existing use of the area as a VA Medical Center. No adverse environmental conditions would be expected.

9. Noise conditions and impact.

Although the location of the entire campus of the VA Medical Center is in an area of very heavy vehicle traffic, the potential site for the State Veterans Home is sufficiently removed from the traffic that it would be adequately shielded from that type of noise. There are no other unusual conditions in the area which would be expected to generate unusual or excessive noise conditions.

10. Seismic safety.

This would have to be the subject of a qualified study prior to construction. However, the area is not known for any unusual seismic activity compared to the overall Southern California experience. It is clear that many of the buildings on this campus have been in use for very many years and have survived earthquakes in the region. There was one occurrence, some thirty years ago, in which the main building of the Medical Center was damaged to the extent that it had to be torn down and replaced, but other buildings which were much older did survive.

11. Value of land to be acquired.

The land which would be made available by long term lease is owned by the federal government and has not been subject to market evaluations. It is recognized that similar land in this area would be worth millions of dollars.

12. Type and value of land development costs to be provided by host community.

The construction project on federally owned land would not be subject to local development costs.

13. Availability of labor pool for classes of employees required.

The population and resources of metropolitan Los Angeles provides a large pool of highly qualified health professionals. The GLAHS/UCLA/USC consortium has extensive linkages to the University training programs and serves as a magnet for the most highly qualified of these individuals, attracted by opportunities for advanced training and the chance to participate in

innovative programs. Each year, large numbers of health care trainees from these programs seek employment in this system including nurses, social workers, and rehabilitation professionals.

In addition, the State Veterans Home would be able to contract with GLAHS for a significant part of its staffing needs. While it would be expected that the State would employ its own nursing staff, almost all other professional medical services could be provided by contract. Other services which could be provided under contract would be food service, maintenance, and laundry. It should be noted that the two existing State Veterans Homes in Southern California already contract with GLAHS for laundry services from as far away as Barstow and Chula Vista.

GLAHS has modern, state-of-the-art computerized systems for patient data management that could be shared by a California State Veterans Home on the campus, and which would also be expected to reduce staffing requirements. GLAHS now has a totally computerized patient chart system that includes orders; admission, discharge, consultation and progress notes; patient and family social/financial information; test results; and workload information. In addition, the GLAHS computerized patient management system contains a wealth of health care algorithms, drug and medical knowledge databases, training programs, and other key resources that would be of major benefit to the Veterans Home staff and programs.

A potential staff benefit would be provided by the educational programs based on the extensive academic resources of GLAHS, UCLA and USC, which could be developed and used to enhance the level of staff, patient, and family education at the Veterans Home site. A variety of educational approaches would be possible, including weekly teleconferencing programs and educational outreach efforts by GLAHS staff to the staff of the Veterans Home.

14. Transportation services.

The Greater Los Angeles Area is fully served by major air and ground transportation systems. The campus of GLAHS is served by major city streets and regional freeway systems. There is continuous service to the campus by public transit systems.

15. Recreational facilities available.

There is a wide range of facilities available, both on the immediate campus of GLAHS and in the surrounding community. The normal recreational facilities of a major metropolitan area are enhanced in this area by the proximity of one of the largest campuses in the University of California system, and major public beaches.

16. Cultural, social, religious access.

The Los Angeles area has a large veteran population with exceptional ethnic representation. Veterans with a wide range of ethnic and cultural backgrounds would find comfortable surroundings at this location. As in the case of recreational facilities, there is an extensive range of social and religious facilities in the immediate area of Brentwood/Westwood which would be expected to fully welcome the residents of a State Veterans Home, and the facilities would be readily accessible by existing transportation systems.

17. Community support.

There is an existing nucleus of community support from local veteran organizations throughout the Greater Los Angeles Area, which already provide volunteer support services at the Medical Center. In addition, many of the large veteran organizations have state and regional offices in a nearby federal office facility and have had a long-term interest and relationship with all the USDVA activities including the near-by National Cemetery as well as the Medical Center. The

national service organizations also have offices with Veterans Service Officers immediately available on the campus.

One of the most important issues related to community support would involve the GLAHS itself. It is clear that the executive leadership of the facility is strongly in favor of locating a California State Veterans Home on this campus, that they will assist the project development in any way that they can, and that they would strongly support such a facility after it was constructed. An early objective, for GLAHS, would be to have the Home included in the long range development plan for the campus so the necessary land could be committed and held for this purpose.

18. Other quality of life issues.

The GLAHS site offers an extremely broad range of resources to ensure an optimum quality of life for potential residents of a State Veterans Home. The campus is a beautiful, tree-lined, quiet, secure, 400-acre oasis in the Brentwood/Westwood area of Los Angeles. The campus has its own 9-hole golf course, exercise facilities, a Japanese garden, miles of safe walking areas, an extensive gardening area, and a professional theatre. The campus is less than 2 miles away from the UCLA campus and is immediately adjacent to a commercial area that includes a myriad of restaurants, shops, markets, and theaters. The Getty Museum can be accessed from a shuttle service on site at GLAHS, and the Armand Hammer Museum is 10 minutes away. Santa Monica Beach and the Pacific Ocean are 20 minutes to the west. In addition, a broad range of adult education programs are available at UCLA and the California State community colleges in the area. A bus line runs through the campus, and other forms of public transportation are readily available to assist in reaching all of these activities.

19. Distance to public safety providers.

All necessary public safety services are provided on campus by GLAHS.

20. Accessibility to site for visitors.

The site is fully accessible by private vehicles and by public transportation.

21. Alzheimer's/dementia medical care.

The UCLA Alzheimer's Disease Center is nationally recognized for clinical care, research and education in Alzheimer's Disease and other aging-related dementias. Specialized programs in PTSD, schizophrenia, mood disorders, geropsychiatry, and substance abuse management, as well as inpatient psychiatric care, ambulatory mental health care, psychiatric consultation, and psychological services are available at GLAHS and would be fully available to residents of a State Veterans Home.

The GLAHS Geriatric Research, Education and Clinical Center (GRECC) Program would be a unique and powerful resource. The congressionally chartered, VAHQ funded, national GRECC program includes 20 GRECCs located at leading VA medical centers throughout the country. The GLAHS GRECC is the oldest, largest and most productive of these centers. The role of the GRECCs is to improve the health care of older veterans through clinically relevant research in aging disorders, establishing new educational programs, and developing testing and disseminating improved models of health care for older veterans. Thus, the GLAHS GRECC is positioned to provide major support for various aspects of the State Veterans Home site on this campus.

It should also be noted that the Veterans Millennium Healthcare Bill passed by Congress provides approximately \$800 million over the next four years to enhance long-term care

programs for aging veterans. The combination of the medical services which could be provided by the GLAHS and the long term residential services provided by a State Veterans Home on the same site would be entirely complementary and could result in quality of care of the highest order for the residents.

RECOMMENDATIONS:

1. The GLAHS campus should be considered as an important candidate site for a California State Veterans Home. The site could be considered as meeting the needs for both a location in the Greater Los Angeles area and a facility to receive veterans suffering from Alzheimer's and other dementia type problems.
2. A site such as the GLAHS campus should be considered primarily for providing nursing care because of the extensive medical services available from the VA Medical Center.
3. The Commission consider potential advantages in developing such a site in stages, as compared to past practice of building a large home, such as 400 beds, in one project. One stage, for example, could be designed to provide an initial capability for providing care for persons with dementia type problems, with later additions to provide other types of nursing care.

Submitted: May 17, 2001

Governor's Commission on California Veterans Homes
Long Beach Veteran's Healthcare System Subcommittee Report

Report of Long Beach Veteran Healthcare System Subcommittee

The Long Beach VA Subcommittee consisting of John Larson, Chair and Ron Melendez with Project Director Ron Brand met with representatives of the Long Beach Veterans Hospital on May 10, 2001. The hospital representatives included Ramon J. Reevy, Director; David Gray, Acting Associate Director; Sandi Szabo, Acting Chief of Staff; Charles Feistman, Chief Resources Health Care Group; Alice Martinez, Sharing Agreements Coordinator and Barbara Fallon, VISN 22 - Strategic Managements Officer.

Also present were representatives of Senator Betty Karnette's and Assembly Member Sally Havice's offices.

We discussed the role of the Commission and the expectation that each site would submit submitted to the Commission an application much like a grant proposal. We pointed out that the proposal should cover all 21 points outlined in the Site Selection Criteria previously furnished to the Hospital Staff. It was pointed out there would be competing proposals. It was asked if the Commission had assigned the weight factors to the 21 points. We stated those decisions had not been made as yet but would be in the future.

Extensive discussion was conducted about what the Commission expected as well the various advantages the Long Beach Site would have on any final decision.

Discussed were the number of beds anticipated (400) as well as the breakdown between Skilled Nursing Beds, Alzheimer's and Dementia beds and domiciliary quarters. The hospital staff indicated the desire to locate a California Veterans Homes at their location and stressed the location and specialized health services that could be provided there.

The Committee stressed that time was of the essence and that the Long Beach application should be in by the Middle of July as the report is due in October. There was some discussion regarding the possibility of a joint VISN 22, LA\Long Beach proposal being offered.

Respectfully Submitted,

John Larson
Ronald Melendez

STATE OF CALIFORNIA GOVERNOR'S COMMISSION ON CALIFORNIA VETERANS HOME

SUBCOMMITTEE ON NORTHERN CALIFORNIA/SHASTA COUNTY VETERANS HOME

SUBCOMMITTEE UPDATE FOR MAY 17, 2001 COMMISSION HEARING

SUMMARY: The Northern California/Shasta County Veterans Home Subcommittee members, Daniel Silva (Chair) and Sandra Yope, attended numerous briefings and site presentations in and around Redding, CA on Friday, May 11, 2001. We were shown four possible site locations for a future Veterans Home in the Redding area. The community strongly supports and desires a Veterans Home be located in the Shasta County area to serve the veteran population in the northern twelve counties of the state. The presentation represented a comprehensive, consolidated regional effort towards providing a viable site that could be made available at any time for a future Veterans Home.

RECOMMENDATION: The Subcommittee strongly recommends the full Commission hold the next Commission Hearing in Redding, CA and visit the four proposed sites.

ADDITIONAL INFORMATION: Subcommittee members were presented a comprehensive binder providing detailed information regarding the area, the needs of the Veterans, medical and educational resources, and specific site criteria. The site presentation began with an overall community briefing with representatives from the Redding VA Clinic, Shasta Community College, the Mercy Medical Center, Veteran's Groups, and Economic Development Corporation. Senator Maurice Johannessen and his District Representative, Julie Clausen, as well as Supervisor Molly Wilson, Board of Shasta County Supervisors attended the community briefing. Julie Clausen and Supervisor Wilson accompanied the subcommittee members throughout the day.

The Subcommittee members, along with several presenters of the overview, were then taken on a quick area tour and then to each of the four possible sites. The four sites shown were located within the City of Redding, the City of Anderson, the City of Shasta Lake, and Shasta College (in the unincorporated area) respectively. At each of the City sites, the Subcommittee members were met by the Mayor or Deputy Mayor, Development Services Representatives to include the Chief Planning and Building Officials, and Economic Development Managers. At the Shasta College site, several Deans and Program Directors escorted the tour group throughout the campus and potential site. At all sites, all representatives discussed how the property could be made available to the State at no cost, how the project could be streamlined through the planning and building process, available infrastructure to the site and proximity to local hospitals, and the regional backing for whatever site was chosen.

The first site is located within the City of Redding on Airport Road at the intersection of Highway 44. It is approximately 40 undeveloped acres in size in a predominately flat, wooded area. Although the property is currently privately owned, if chosen, it will be donated to the State. The second site (approximately 30-40 acres depending on need) is located in the City of Anderson southeast of the intersection of Shady Lane and Balls Ferry Road. It is flat farming area just to the east of Interstate 5. The land is privately owned, but would be acquired by the City of Anderson and donated to the state if chosen for a future home. The third site is on the Shasta College campus located at the intersection of Old Oregon Trail and Highway 299E. The campus totals 337 acres and 30-40 acres would be provided in the northwest section of the campus that is currently undeveloped. The land is owned by the State of California, Community Colleges and is relatively flat and wooded. The fourth site is located in the City of Shasta Lake, on State Route 151. The subcommittee members were initially shown approximately 25 acres on the south side of the road that were wooded and rolling terrain; however, at the site the City of Shasta Lake also offered City owned property on the north side of the road with 30-40 acres available to a possible home. The northern property was

less rolling terrain and wooded with large meadow areas. The property would be donated to the State if chosen.

The Redding area is served by the Redding VA Clinic, Shasta County's Mercy Medical Center, and the Redding Medical Center. All are relatively close by major thoroughfares to all sites with the City of Shasta Lake being the furthest away. There are helicopter and fixed wing transport services available and medical air transport services to the rural northern portions of the state. A large range of medical specialties can be provided to include cardiac, cancer, and trauma. Shasta College provides a variety of medical related academic programs including nursing, dental hygiene, and gerontology. There is no nursing shortage in Redding.

The region has numerous recreational and cultural activities to serve the members, family and staff of a Veterans Home. There are numerous State and National parks in the region for outdoor recreational activities to include boating, skiing-water and snow, camping, hiking, biking, etc. There is a convention center that hosts many local and internationally renowned events. The area has a very low crime rate with little gang activity and few felony crimes. The climate is moderate with a limited rainy season between December and March and low humidity when temperatures exceed 100 degrees during the summer (approximately 39 days a year).

FINAL NOTE: A Town Hall meeting was held on Friday night attended by Commissioner Silva to show community support towards a future Veterans Home in Shasta County. Approximately 300 people attended the meeting.

CONCLUSION: The Shasta County area has four very viable potential sites for a future Veterans Home. The location would serve the 12 northernmost counties of the state that represent a very diverse and large geographic area that has many extremely rural areas with limited transportation corridors. The communities represented by these county areas are united, organized, and determined to bring additional Veterans services to the northern state. They have worked together cooperatively to provide sites that would meet the Commission's site criteria for a future Veteran's Home.

We, the Subcommittee Members for Northern California/Shasta County Veterans Homes, strongly recommend the full Commission view the sites and presentations for this area as part of the next Commission's Hearing on a date to be determined.

Dan Silva
Sandra Yope

**Governor's Commission on California Veterans Homes
Central Valley Veterans Home Sub-Committee Report - Coalinga**

The Central Valley Sub-Committee members: Denis Wells, Tom Craft and Nettie H. Washington, along with Project Director Ron Brand met with representatives from the City of Coalinga and Coalinga Hospital. Also in attendance was Chris Burns a representative from Senator Pete Knight's office. They are suggesting a 29-acre parcel adjacent to the hospital for a Veterans Home. The meeting took place at the Coalinga Hospital on August 21, 2001.

We discussed the role of the Commission and the expectation that each site would submit an application in the form similar to a grant proposal. We stressed the proposal should include all 21 points outlined in the Site Selection Criteria which was furnished to the city.

We toured the hospital facility and staff informed us of the plans for expansion due to the mental hospital that the State is construction there. Ambassadors from the Coaling Chamber of Commerce gave us a guided tour. During the tour they pointed out how Coalinga met the criteria requirements as indicated by the site selection requirements of the Commission.

The hospital, and city staffs indicated their desire to locate a California Veterans Home at their location. They indicated that would be submitting an application.

Submitted by

**Nettie H. Washington
Dennis Wells
Tom Craft**

**Governor's Commission on California Veterans Homes
Central Valley Veterans Home Sub-Committee Report - Fresno**

The Central Valley Sub Committee members consisting of Tom Craft and Nettie H. Washington, along with Project Director Ron Brand met with representatives from the Fresno area. The representatives for Fresno included the Director of the VA Health Care System in Fresno, and the National Commander of the Disabled American Veterans. The meeting took place at the Fresno VA Hospital on August 28, 2001.

We discussed the role of the Commission and the expectation that each site would submit an application in the form similar to a grant proposal. We stressed the proposal should include all 21 points outlined in the Site Selection Criteria which was furnished to the city and the healthcare facility.

We toured three sites under consideration and told the delegation they must narrow down or prioritize their list.

The hospital, city and county staffs indicated their desire and the need to locate a California Veterans Home in the centrally located City of Fresno. They indicated that we should expect to receive an application.

Submitted by

**Nettie H. Washington
Tom Craft**

Appendix Items C: Acknowledgements

Project Director

Ron Brand

Office of Planning and Research

Katherine Winter

Project Director / to November, 2000

Wes Barker

Assistant Administrator

California Veterans Home Yountville

Appendix Items D: Demographics

Analysis of Underserved Areas - Veterans Home			
State Veteran Population		2,623,400	
NORTHERN CALIFORNIA VETERANS HOME		CENTRAL VALLEY VETERANS HOME	
Number of Veterans in the area			
Butte	20,720	Calaveras	7,870
Del Norte	2,820	Fresno	51,870
Glenn	2,000	Kern	48,360
Humboldt	12,070	Kings	7,930
Lassen	3,290	Madera	10,210
Modoc	1,210	Mariposa	2,360
Plumas	2,900	Merced	11,380
Shasta	19,170	San Benito	3,420
Sierra	620	San Joaquin	37,390
Siskiyou	5,650	Stanislaus	34,530
Tehama	5,600	Tulare	20,500
Trinity	2,120	Tuolumne	10,280
Total	78,170		246,100
Percentage of State Veterans		2.98%	
		9.38%	
Comparison Figures			
	Veterans	Percentage	
Los Angeles	538,190	20.51	
San Diego	282,100	10.75**	
Riverside/San Bernardino	270,460	10.31 *	
Central	246,100	9.38	
Orange	225,820	8.61	
Ventura/Santa Barbara/SLO	132,650	5.06	
Contra Costa	88,030	3.36	
North	78,170	2.98	
..			
Included Areas	1,861,520	71	
Unincluded Areas	761,880	29	
*Served by CVH-Barstow		**Served by CVH- Chula Vista	

Based on July 1, 2000 USDVA Veteran Population Figures

Appendix Items E: Meeting Dates and Locations

Meetings

October 6, 2000	Medal of Valor Hall, Fresno, California
January 29, 2001	Greater Los Angeles VA Medical Center Los Angeles, California
January 30, 2001	Long Beach VA Medical Center, Long Beach, California
March 2, 2001	County Board of Supervisors Chambers, Merced, California
May 17, 2001	California Veterans Home – Barstow, Barstow, California
July 6, 2001	City Council Chambers, Redding California
September 21, 2001	Fresno VA Medical Center Auditorium, Fresno, California

Sub-Committee Meetings

Sites

March 30, 2001	Greater Los Angeles VA Medical Center
May 10, 2001	Long Beach VA Medical Center
May 11, 2001	Shasta County
August 21, 2001	Central Valley – Coalinga
August 28, 2001	Central Valley – Fresno

Issues

May 2, 2001	Financing Options and Cost Committee Level of Care (by teleconference)
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Appendix Items F: Inquiries

Proposals Received from/ Sites visited:

Greater Los Angeles VA Medical Center

Long Beach VA Medical Center

Shasta County – various sites

City of Shasta Lake

Shasta Community College

City of Anderson

Sites visited:

County of Fresno

City of Fresno – Resolution from City Council

City of Clovis

City of Coalinga

General Inquiry:

County of Merced

City of Kingsburg

City of Hanford

City of Farmerville

City of Tulare

City of Ventura - Resolution from City Council

Others Showing Interest and to be Contacted:

UC Irvine

City of Perris

Appendix Items G: VA Medical Centers in California

Fresno:	VA Central California Health Care System
Loma Linda:	Jerry L. Pettis Memorial VA Medical Center
Long Beach:	Long Beach VA Medical Center
Los Angeles:	VA Greater Los Angeles Healthcare System (GLA)
Martinez:	Martinez Center for Rehab & Extended Care
Martinez:	VA Northern California Health Care System
Palo Alto:	VA Palo Alto Health Care System
Sacramento:	Sacramento Medical Center - Mather
San Diego:	VA San Diego Healthcare System
San Francisco:	San Francisco VA Medical Center

VA Outpatient Clinics

Auburn:	Sierra Foothills Outpatient Clinic
Bakersfield:	Bakersfield Community Based Outpatient Clinic
Chico:	Chico Outpatient Clinic
Eureka:	Eureka Veterans Clinic
Fairfield:	Fairfield Outpatient Clinic
Los Angeles:	Los Angeles Ambulatory Care Center
Los Angeles:	West Los Angeles Ambulatory Care Center
Martinez:	Martinez Outpatient Clinic
Oakland:	Oakland Mental Health Program
Oakland:	Oakland Outpatient Clinic
Redding:	Redding Outpatient Clinic
Sacramento:	Sacramento Dental Clinic @ McClellan
Sacramento:	Sacramento Mental Health Clinic @ Mather
Sacramento:	Sacramento Outpatient Clinic @ McClellan
San Diego:	San Diego Clinic
Santa Barbara:	Santa Barbara Ambulatory Care Center
Santa Rosa:	Santa Rosa Clinic
Sepulveda:	Sepulveda Ambulatory Care Center
Vallejo:	Mare Island Outpatient Clinic

Appendix Items H: Reference

The following reports on this subject matter were reviewed extensively in an effort to avoid duplication:

Report: Study of the Feasibility of a State Veterans Home in Southern California prepared by the Department of Veterans Affairs with assistance from the Veterans Advisory Panel for the California Legislature, January 1985, re-edited February 1985.

Findings and Recommendations on the Establishment of a State Veterans Home in Southern California prepared by The Governor's Commission on a Southern California Veterans Home for the Governor and Members of the Legislature, July 1, 1992.

Findings and Recommendations on the Establishment of a State Veterans Home in Southern California prepared by The Governor's Commission on a Southern California Veterans Home for the Governor and Members of the Legislature, July 1, 1993.

Report To the Governor and the Legislature and Construction Activities Associated First Site of the Southern California Veterans Home at Barstow prepared by The Governor's Task Force on a Southern California Veterans Home for the Governor and Members of the Legislature, November 30, 1993.

Findings and Recommendations on the Establishment of a State Veterans Home in Southern California prepared by The Governor's Task Force on a Southern California Veterans Home for the Governor and Members of the Legislature, December 31, 1994.

Findings and Recommendations on the Establishment of a State Veterans Home in Southern California prepared by The Governor's Task Force on a Southern California Veterans Home for the Governor and Members of the Legislature, December 31, 1996.

Report: Governor's Blue Ribbon Task Force on Veterans Homes prepared by the Governor's Blue Ribbon Task Force on Veterans Homes for the Governor and members of the Legislature, September 29, 2000

Additional Reference

Alzheimer's and Disease and Related Dementias Study prepared by Montague-DeRose for the California Department of Veterans Affairs, June 26, 1998

Demographics – Veteran Population figures used in this report are from USDVA "Veteran Population by Sex, County and Period of Service as of July 1, 2000"